

## POLLING PLACE ACCESSIBILITY REPORT FORM

Refer to N.J.A.C. 15:10-6.8 for Polling Place Accessibility Standards
("Inaccessible" refers to any polling place utilized for Primary, General, Municipal or School Elections which has not been or cannot be made either permanently or temporarily accessible.)

County:	nty: Name of Person Completing Survey:				
Title:	Telephone #:	Fax #:			
1.The total number of Polling P	laces (not election districts) in o	county:			
2.The total number of Polling P	laces to be utilized for any Ele	ction that have been found:			
Accessible:	Inacc	cessible:			
	·	inaccessibility of their polling places?		No	
	request, to an accessible polli	e of an elderly or a physically disable ng place that has a common ballot w			
5. Does the county provide telec	communication devices for the	deaf in order to convey registration a	and voting info □Yes	ormation? □No	
If yes, please list number:		-	□Tes	Пио	
If no, does the county advertis	se the State "toll free" TTY Te	elephone Number? (1-800-292-0034)	∐Yes	□No	
6. Does the county provide disp	oes the county provide display voting instructions in large type on Election Day?		□Yes	□No	
7. Does the county currently have a Voting Accessibility Advisory Committee?		∐Yes	□No		
If yes, please identify the mer	mbers of the Committee along	with the offices or groups they repres	ent:		
8.Have inaccessible polling pla	ces been reduced from the pre	vious year?			
Number inacce	essible in 2014:	Number inaccessible in 2015:			
9.Have you had any specific pr	e-election inquiries for accomm	nodations by a voter with disabilities?	☐Yes	□ No	
If yes, please describe:					
Please note if you were able to	meet any special request:				

**Return Completed Reports to:** 

**NJ Division of Elections** 

**Mailing Address:** P.O. Box 304 Trenton, NJ 08625-0304